



Big Brothers Big Sisters of Santa Cruz County

VOLUNTEER APPLICATION

Interested in:

- Community-Based Program
- After-school Program

Date: ___/___/___

Big Brothers Big Sisters
of Santa Cruz County
1500 41st Avenue, Suite 250
Capitola, CA 95010

Phone: (831) 464-8691
Fax: (831) 464-8693
www.santacruzmentor.org

CONTACT INFORMATION

Last Name First Name

Date of Birth Gender

Home Address City/State/Zip

Home Phone Cell Phone

E-mail Address

Languages Spoken Race Ethnicity

Do you have access to a car? Auto Insurance Company



Big Brothers Big Sisters of Santa Cruz County

MARITAL STATUS: (circle one)

- | | | | |
|--------------|-------------|----------------|----------|
| 1. Single | 3. Married | 5. Widowed | 7. Other |
| 2. Separated | 4. Divorced | 6. Co-habiting | |

Do you currently have or are you expecting children? _____

Names and ages of children: _____

With whom do you live? _____

How long have you lived at your current address? _____ Do you rent or own? _____

Do you plan to move? _____ If so, when & where? _____

Please list residences in past 5 years:

Address	City/State	Dates

Place of employment: _____

Occupation _____

Do you plan career change? _____ If so, when & where? _____

Please list employers and occupation in the past 5 years:

Employer	Occupation	Dates



Big Brothers Big Sisters of Santa Cruz County

REFERENCES

Please type or print information requested for four references, including your current or past employer and spouse, partner or roommates if applicable.

Name of Employer

Address

Phone Number

E-mail Address

Name of Roommate/Friend

Address

Phone Number

E-mail Address

Name of Roommate/Friend

Address

Phone Number

E-mail Address

Name of Co-worker or Friend

Address

Phone Number

E-mail Address



Big Brothers Big Sisters of Santa Cruz County

Have you been (or applied to be) a Big Brother or Big Sister? Yes ___ No ___

If Yes, where: _____

Have you volunteered with any other youth organizations? And if so, who with?

Please list present membership in organizations or clubs:

Please list volunteer experiences (especially with children):

Please list three things you like about yourself:

Please list three things you would like to change about yourself:

What appeals to you about being a Big Brother or Big Sister?

What apprehensions or hesitation do you have concerning the commitment?



Big Brothers Big Sisters of Santa Cruz County

Agreement to Protect the Provisions/Agreements of the Match

I understand that:

1. The references I have listed may be contacted by telephone, email or post.
2. I am in no way obligated to perform any volunteer services.
3. The information I provide may be used to conduct a background check including, but not limited to, a DMV record check, fingerprint clearance, proof of car insurance, screening of social networking sites and other records where required by local, state or federal law for volunteers working with youth.
4. As part of this enrollment process, I will provide additional personal information prior to being matched with a youth.
5. The BBBS agency is not required to match me with a youth nor disclose to me the reasons that I have not been matched and my application will be closed if not matched within one year of acceptance.
6. I agree to keep any information learned during the match confidential, unless it pertains to the safety of the youth and needs to be reported to Big Brothers Big Sisters.
7. I understand that a volunteer with Big Brothers Big Sisters is required to report suspected abuse or neglect of their Little to the local agency promptly.

Volunteer's Signature

Date

Agreement to Protect the Confidentiality of the Match

I _____ agree to keep personal information discussed with me regarding a potential Little Brother or Little Sister match confidential. I will not discuss the information with any persons other than the assigned professional staff of the Big Brothers Big Sisters Agency.

Volunteer's Signature

Date

Consent To Use Identifying Information In Agency Promotional Materials

I _____ hereby give my permission for Big Brothers Big Sisters of Santa Cruz County to use my name/story and or pictures in the agency promotional materials and in all media forms. I understand that no personal history information regarding or identifying me will be used by the agency indicated above unless verbal consent is proved.

Volunteer's Signature

Date



Big Brothers Big Sisters of Santa Cruz County

Release of Confidential Information

I, _____, born on _____ Print
Name Date of Birth

In _____
City State Country

do hereby authorize Big Brothers Big Sisters of Santa Cruz County to check with any city, state or federal law enforcement agency to give any criminal records they may have recorded against me.

I hereby further authorize any law enforcement agency to give information they have regarding my police record to the above requester and release the law enforcement agency from any liabilities whatsoever which might occur as a result of the release of these records pursuant to this authorization.

Volunteer's Signature Date

Volunteer Responsibilities for Program Participation

I understand that as a Big Brother / Big Sister I have responsibilities to my Little Brother or Little Sister, which are:

1. I will see my Little Brother/Little Sister on an average of 2 to 6 hours 2 to 4 times a month for the first year of my match.
2. At all times, the safety of my Little will be my first priority. I will not engage in activities that pose a risk for injury, will not consume alcohol, or smoke while on an outing, and will not use illegal substances while serving as a mentor.
3. I may learn personal information about my Little Sister / Little Brother and family members which I will keep confidential. I agree to report any concern that my Little is experiencing child abuse or neglect to my Big Brothers Big Sisters case manager.
4. I will plan activities that are free or low cost, and will inform the parent of planned activities.
5. If a problem arises in my match relationship or if my place of employment, residence, or telephone number changes, I will notify Big Brothers Big Sisters immediately.
6. I will not include other people on the majority of our outings.
7. I will maintain monthly contact with my Big Brothers Big Sisters case manager to discuss how the match relationship is developing.
8. Overnight activities are not allowed within the first year of a match and after that only in specific circumstances and with agency and parent/guardian approval.

Volunteer's Signature Date



Big Brothers Big Sisters of Santa Cruz County

Activity Checklist

Name: _____

Date: _____

Place a check in the column next to the activities that you enjoy.

Sports	Games	Other
		Animals
Rollerblading	Chess	Cooking
Skating	Checkers	Baking
Bicycling	Board Games	Museums
Swimming	Cards	Aquarium
Skateboarding	Video Games	Hiking
Fishing	Miniature golf	Picnics
Football	Tennis	Gardening
Basketball		Camping
Baseball		Music
Soccer	Crafts	Dancing
Volleyball		Singing
Bowling	Sewing	Photography
Golf	Drawing	Puzzles
Ping-Pong	Painting	Models
Pool	Woodwork	Movies
Surfing	Ceramics	Computers
Martial Arts	Knit/crochet	Boating
Gymnastics		Reading
Snow sports		Beach
Frisbee		Play Instrument
Boogie boarding		Horseback riding
Scuba/snorkel		Concerts
Sports events		Writing
		Running

Other Interests:

Pets: